

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 133  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Sela State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City San Bernardino St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Martina Marie  
(If child is not yet named, make supplemental report, as directed.)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 13 1926  
Month Day Year

**8. FATHER**  
Full name Louis Marie  
9. Residence (Usual place of abode) San Bernardino  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Duango  
(State or country) Mexico

13. Occupation Labour  
Nature of industry \_\_\_\_\_

**14. MOTHER**  
Full maiden name Esperanza Perez  
15. Residence (Usual place of abode) San Bernardino  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco Mex.  
(State or country) \_\_\_\_\_

19. Occupation House Wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 2  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at San Bernardino on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles H. Hutton  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Hayden  
Filed Aug 3 1926 P. H. Hutton  
Registrar Registrar

555-713-579

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.